

Charles A. Bon  
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

09/913 01

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10		3		1		
11		0				
12		0				
13		0				
14		0		2		
15		0		2		
16		0		2		
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0		1		
27		0		1		
28		0		2		
29		0		2		
30		0		1		
31		0		1		
32		0		2		
33		0		2		
34		0		2		
35	1		1			
36						
37						
38						
39		0				
40						
41	1		1			
42		1		1		
43	1		1			
44		1		1		
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	48		50			
TOTAL CLAIMS	52		54			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY